

***Promoting Physical Activity at Well Child Visits
Training Evaluation Form***

Date: _____

Location/Clinic: _____

I am a: (Please check one): _____ doctor _____ health educator
 _____ medical assistant _____ nurse
 _____ nurse practitioner _____ nutritionist/dietitian
 _____ other staff (please specify): _____

1. After this presentation will you promote more physical activity for your patients?

YES NO

If no, please explain. _____

2. Was the time allowed for the presentation sufficient for you to understand the material?

YES NO

Comments: _____

3. Did the presenter deliver the presentation in an effective manner?

YES NO

What could be improved? _____

4. Would you recommend this presentation to other health care providers?

YES NO

5. Other Comments /Suggestions:

Thank you!